



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

Office of Airport Planning  
and Programming

800 Independence Ave., SW  
Washington, DC 20591

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February 2006

Dear On Demand Operator:

The Federal Aviation Administration has arranged for its annual Airport Activity Survey to be conducted by L-3 Titan Group. Data collected in this survey will be used to allocate Airport Improvement Program (AIP) funds to eligible airports. Your participation in this survey is critical to small airports that rely, in part, on these data to qualify for AIP funds.

The enclosed survey form (FAA Form 1800-31) requests data for the 12-month period January 1 through December 31, 2005. The revenue passenger enplanement data requested on the enclosed form should only include those enplanements not reported to the Office of Airline Information on the T-100 form. See the back of the enclosed survey for a detailed explanation of how it should be completed. A sample of a completed form is on the back of this letter.

Submission of these data is voluntary. Your cooperation in completing this survey and returning it by April 28, 2006 is important to the airports you serve.

Sincerely,

A handwritten signature in dark ink, reading "Benito DeLeon".

Benito DeLeon  
Deputy Director  
Office of Airport Planning and Programming

Enclosure

**Paper Work Reduction Act**

Submission of this form is voluntary. The purpose of this collection is to capture passenger enplanement data to be used to allocate Federal funds to eligible airports. The public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response. Note: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

|  |       |  |                     |  |  |
|--|-------|--|---------------------|--|--|
| <b>DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION</b><br><b>AIRPORT ACTIVITY SURVEY (By Selected Air Carriers)</b>   |       |  |                     | <b>FORM APPROVED</b><br><b>OMB NO. 2120-0067</b>   |  |
| TWELVE-MONTH PERIOD COVERED<br><div style="text-align: center;">January 1 thru December 31, 2005</div>   |       |  |                     | <b>FOR FAA USE ONLY</b>  |  |
| DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED ON<br>BTS T-100 Form<br><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>AIRWAY AIR TAXI, INC.</b><br/> <b>HANSCOM AIRPORT - NORTH</b><br/> <b>BEDFORD, MA 01730</b> </div> <div style="width: 20%; text-align: center; border: 2px solid black; padding: 10px;"> <b>SAMPLE</b> </div> </div> |       |  |                     | Operator Identification  | <b>ABCD</b>  |
|  |       |  |                     | Year   | 2005   |
|  |       |  |                     | Month  | 12   |
|  |       |  |                     | AIR TAXI/COMMERCIAL<br>CERTIFICATE NUMBER<br><br><b>ABCD1234</b>   |  |
|  |       |  |                     | Page 1 of 1 Pages  |  |
| ADDRESS CORRECTION REQUESTED   |       |  |                     |  |  |
| <b>OPERATIONS DURING 12-MONTH PERIOD COVERED</b>   |       |  |                     |  |  |
| <b>DEPARTURE AIRPORT</b>   |       |  |                     | <b>ENPLANEMENTS</b>  |  |
| CITY   | STATE | AIRPORT NAME                               | LOCATION IDENTIFIER | NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)  | NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions) |
| Bedford  | MA    | Laurence G. Hanscom                        | BED                 | 0  | 403  |
| Lewiston   | ME    | Auburn-Lewiston Muni                       | LEW                 | 0  | 86   |
| Nantucket  | MA    | Nantucket Memorial                         | ACK                 | 0  | 88   |
| Concord  | NH    | Concord Muni                               | CON                 | 0  | 16   |
| Hartford   | CT    | Hartford-Brainerd                          | HFD                 | 0  | 90   |
| Bangor   | ME    | Bangor Intl                                | BGR                 | 0  | 424  |
| Burlington   | VT    | Burlington Int'l                           | BTV                 | 0  | 239  |
| Buffalo  | NY    | Greater Buffalo Int'l                      | BUF                 | 0  | 10   |
| <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             CITY WHERE DEPARTING PASSENGERS BOARDED THE AIRCRAFT           </div>   |       |  |                     | <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             FAA AIRPORT LOCATION IDENTIFIER           </div>  |  |
|  |       |  |                     |  |  |
| <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             NAME OF AIRPORT WHERE PASSENGERS BOARDED           </div>   |       |  |                     | <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             ANNUAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)           </div> |  |
|  |       |  |                     |  |  |
|  |       |  |                     | <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             ANNUAL TOTAL OF CHARTER REVENUE PASSENGERS BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)           </div>  |  |
|  |       |  |                     |  |  |
| I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.   |       |  |                     |  |  |
| DATE   |       | TYPED NAME AND TITLE OF PREPARING OFFICIAL |                     | SIGNATURE  |  |
| 3/10/2006  |       | John Smith, General Manager                |                     | <i>John Smith</i>  |  |

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|--|-------|--|---------------------|---|--|
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|  |       |  |                     | Year  |  |
|  |       |  |                     | Month   |  |
|  |       |  |                     | AIR TAXI/COMMERCIAL<br>CERTIFICATE NUMBER           |  |
| ADDRESS CORRECTION REQUESTED   |       |  |                     | Page  | of Pages   |
| <b>OPERATIONS DURING 12-MONTH PERIOD COVERED</b>   |       |  |                     |   |  |
| DEPARTURE AIRPORT  |       |  |                     | ENPLANEMENTS  |  |
| CITY   | STATE | AIRPORT NAME                               | LOCATION IDENTIFIER | NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions) | NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions) |
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| DATE   |       | TYPED NAME AND TITLE OF PREPARING OFFICIAL |                     | SIGNATURE   |  |

## INSTRUCTIONS

The information requested on this form is voluntary, but is essential for the FAA to fairly allocate Airport Improvement Program (AIP) passenger entitlement funds to the airports you serve, as required by Title 49 of United States Code.

This survey is restricted to on demand operations that are NOT reported to the Office of Airline Information, Bureau of Transportation Statistics (BTS), Department of Transportation.

Nonscheduled (charter) activity subject to the passenger transportation tax should be reported. Carriers not required to report to BTS because they conduct less than 5 round trips between two points should report revenue enplanements on this form.

**About this form:** Please notify your General Aviation District Office of any differences in your name, address or FAA Air Taxi / Commercial Operator Certificate Number from that already printed on this form. In addition, you may submit any changes with the attached form.

**Type of operation:** If you conducted charter operations, enter the number of Nonscheduled Enplanements in the last column. If you provide regular round trip air service between two or more airports several times per week, the flight schedule is available to the public, and the flight occurs regardless of the number of passengers onboard, enter the number of revenue passengers that boarded those flights in the Scheduled Enplanement column. If you conducted both scheduled and nonscheduled operations, enter the scheduled enplanements in the scheduled column and the nonscheduled enplanements in the nonscheduled column.

**Operations:** Consolidate all enplanements executed in one airport and report them as one line record. Show the data for each airport on a separate line. Give the number of scheduled, if any, and nonscheduled (charter) passengers enplaned at each airport. An enplaned passenger is a revenue passenger who boarded the flight at that airport. If the number of lines required is more than those provided on the form, please reproduce it for continued entries.

You must certify, under penalty of perjury, that the information provided in this Airport Activity Survey Form (1800-31) is true, correct and complete to the best of your knowledge, information and belief. The certification represents that your files, records, documents, and data have not been manipulated or falsified in an effort to receive a more favorable allocation of AIP funds. A false, fictitious, or fraudulent certification may be subject to criminal and/or civil prosecution, as well as appropriate administrative action.

When submitting the form with handwritten data, please make sure that the information is legible.

If you had no commercial or air taxi activity during the reporting period, please indicate this across the face of the form and return it in the self-addressed envelope provided. If there are any questions regarding the completion of this form, please contact FAA Headquarters, National Planning Division, telephone number 202-267-8739.

Sign and date FAA Form 1800-31 in the spaces provided, and mail it to:

L-3 Communications - Titan Group  
EIS Division  
11955 Freedom Drive  
Attention: ACAIS  
Suite 10000  
Reston, VA 20190-5673